

**Georgia Department Of Community Health
State Health Benefit Plan
Notification of Return from Leave Without Pay**

Please type or
print clearly in ink

I. Employee Identification

Social Security Number	[]	[]	[]	-	[]	[]	-	[]	[]	[]
Last Name			First				Initial			
Date of Birth			Sex (Check One)							
Month	Day	Year	<input type="checkbox"/> Male <input type="checkbox"/> Female							

II. Department/School System Information

Department/School System Name

Date Payroll Deductions Resumed for this Coverage*			Dept./School System No.	Unit/School Code	
Month	Day	Year			
Date member returned to active payroll status (returned to work, donated leave or summer pay) as an employee eligible to participate in the State Health Benefit Plan.			Month	Day	Year

I do hereby attest that the above information is true and correct to the best of my knowledge. I further acknowledge and understand that I may be subject to a fine of not more than \$1000 or imprisonment for not less than one and nor more than five years, or both, if I knowingly and willfully make a false or fraudulent statement or representation to the Department regarding the information reported on this form or other information pursuant to O.C.G.A. Section 16-10-20.

Employer Signature: _____ Title: _____ Date: _____

Terms, Conditions, and Instructions

This form must be completed by the personnel/payroll office to report the return to work of an employee covered by the Plan. This form must be completed in addition to any other forms that must be completed based on the following conditions.

If the employee remains eligible for health benefit coverage after the return from a leave of absence without pay, the personnel/payroll office must resume payroll deductions for the employee's health benefit coverage, unless the leave of absence spanned an Open Enrollment Period or the employee met one of the qualifying conditions for changing coverage during the leave of absence.

- ▶ If an Open Enrollment Period was not missed and the employee did not meet any qualifying conditions for a change of coverage, this form should be completed by the personnel/payroll office. This form should be forwarded to the State Health Benefit Plan in accordance with applicable procedures to reenroll the employee with the same coverage option and type as before the leave of absence. Changes in coverage option or type are not permitted, unless a qualifying event has occurred
- ▶ If the employee met one of the qualifying conditions for changing coverage during the leave of absence, a Membership Form (SHBP66-090) must be completed in addition to this form. Attach the membership form to this form and forward both to the State Health Benefit Plan in accordance with applicable procedures to reenroll the employee with the new coverage option and/or type.
- ▶ If an Open Enrollment Period was missed by the employee while on leave of absence without pay, the employee must be given a 30 day special Open Enrollment Period beginning with the first day the employee returns to work.
 - ▶ If a change in coverage option and/or type is made during this special Open Enrollment Period, a Membership Form (SHBP 66-090) must be completed in addition to this form. Attach the Membership Form to this form and forward both to the State Health Benefit Plan in accordance with the applicable procedures to reenroll the employee with new coverage option and/or type.
 - ▶ If the employee selects no coverage or discontinues coverage during this special Open Enrollment Period, the employee must complete a Discontinuation form (SHBP 66-089). This copy should be placed in the personnel/benefit file and the original forwarded to the State Health Benefit Plan in accordance with applicable procedures. This notification of Return from Leave Without Pay form should not be completed.

* **If the employee's earnings in the month of return to work are sufficient for a deduction/reduction, a deduction/reduction must be taken to assure continuation of coverage.**